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Communications.

THE RESPONSIBILITY OF THE PROFESSION IN THE PRODUCTION OF OPIUM INEBRIETY.

Read before the American Association for the Cure of Inebriates,

BY J. B. MATTISON, M.D.,

Of Parish Hall, Brooklyn, N. Y.

Mr. President, Gentlemen—In accepting the invitation tendered me, to present a paper at this meeting, I have thought it might not be undesirable to direct attention to one phase of a certain topic which I have before presented to the profession—New York *Medical Record*, January 29th and December 9th, 1876—and therefore beg leave to offer briefly some remarks on "the responsibility of the profession in the production of opium inebriety."

That opium is largely used; and that its use during the last two or three decades has increased far in advance of its direct therapeutical need, are facts which no one rightly informed will question. That its habitual consumption will give rise, in a large proportion of cases, to a disease having symptoms as marked and specific as many others coming under professional cognizance, is another fact indisputable; and that this addition to our nosology has failed of receiving from the profession that attention it most deservedly demands, is as true as it is regretable.

Passing at once to the main point involved in this paper, what is the chief factor in the etiology of opium inebriety? Is it a matter of choice, its victims indulging in it for any transient happiness it may furnish; any seeming oblivion it may give to disturbing emotions; any intellectual stimulation it may occasion; or, is it that, once ordered on professional authority, and continued a time indefinite, it causes such changes, mental and physical, as to engender a constant demand for its taking, and thus gives over its users to a servitude most deplorable? Diversity of opinion exists on this point, though the vast preponderance of testimony favors the statement that, in a large majority of instances, it is involuntary; that patients unaware and unwarned of its ensnaring property, continue it, unsuspectingly, until the morbid condition becomes established. Dr. Parrish says, "men take it, not for social enjoyment, but for a physical necessity." Dr. Van Deusen remarks: "For the primary induction of the habit, the stated physician is so commonly responsible, that the onus probandi in exculpation rests upon him, by all fair presumption. A late German writer asserts: "The original causes of this diseased condition, and of its extension, are the doctors themselves, who have accustomed patients to resort to the use of injections for the relief of painful affections of more or less short duration." Another foreign authority, after detailing several cases of this disease coming under his care, all having their inception in an opiate prescription, observes: "This leads me to say that I think there are many cases of chronic disease, or disease in which sleeplessness is a prominent symptom, in which opium is frequently prescribed without any thought of this danger supervening, and which has led me to believe and practice that it is advisable not to give

opium continuously for any length of time in these cases, unless in painful and incurable diseases, as cancers, etc., especially if the patient is of a nervous temperament. There is no doubt that pain or sleeplessness would more frequently have to be endured, but other remedies might be substituted which would, in part, though not entirely, take its place. And, if we consider that it would save some, more, perhaps, than many are aware of, from contracting such a habit, I think that at least it would be advisable to consider this danger and bear it in mind when we are called upon to treat such cases and believe opium to be indicated—a danger which most readers well know, from their own experience, not to be a fanciful one." After referring to the strictures sometimes passed regarding the medicinal employment of alcoholic stimulants, he continues: "But it is otherwise with those I have mentioned, who have not known the potency of this drug, at least personally, until it was professionally administered, and who, in all likelihood, would not have known it unless so ordered. And this is generally the rule. I think that the majority of habitual opium eaters have, in the first instance, acquired the taste for it after having been ordered it by a medical man; and in view of this danger, I venture to say that this ought to be borne in mind when we administer opium in these cases, lest we might be the innocent cause of setting the spark to the fire that may only be extinguished with life." My personal knowledge, embracing the history of quite a number of instances, is fully confirmatory of these opinions, and I hazard little in expressing a belief that eighty per cent. of the cases of opium inebriety in this country may be traced more or less directly to opiate prescriptions. This assertion may seem somewhat extravagant, but I challenge proof to the contrary.

Now, the question naturally arises, why so large a degree of professional responsibility? The answer is to be found in the fact of our being a people peculiarly susceptible to the seductive influence of this drug, by virtue of our strongly-marked nervous temperament; the extensive prevalency of neurotic disorders, very largely of hereditary transmission, thus presenting the most favorable field for reaping a generous harvest of those ills of body and mind which follow habitual indulgence; and in the other great fact, that practitioners have been too lavish in the expenditure of opiates for the relief of pain, insomnia and general nervous disturbance, without first fully informing themselves, by careful inquiry, respecting previous history, on all points likely to conduce to a full knowledge of the risks incurred by a somewhat prolonged administration. Again, I believe a large share of causative influence may be found in the neglect of proper care on the part of physicians to see to it, thoroughly, when the strict therapeutical necessity for the use of opium has been fulfilled, that then patients utterly abandon it. I am unhesitatingly of opinion that a want of careful attention to this point has led to the full development of the disease in very many cases where otherwise it might have been throttled on the very threshold of its existence. This especial feature as to prophylaxis assuredly demands the most serious consideration.

But while insisting that the fraternity has a responsibility on this point which it is useless to try to evade, I am free to admit that an auxiliary factor of great importance is to be found in the absolute freedom from anything like requisite restriction in the sale of opium and its preparations. Nothing prevents an apothecary from refilling an opiate prescription as often as it may be presented; nothing restrains him or any other from supplying whatever demand may be created for opium. This is radically wrong, and with proper limitations should be prohibited. Many cases of opium addiction would unquestionably never pass beyond a mere inception, were it not possible for those in whom the seeds of the disease have been planted to procure further supplies, and by thus continuing to "sow the wind" "reap a whirlwind" of misery, mental and physical, which it is difficult fully to conceive.

Without desiring to enter upon any discussion as to the comparative liability of various opiate preparations to beget inebriety, I wish to call attention to one phase of this question which has excited no little comment, and certainly merits consideration. I refer to the use of the hypodermic syringe. That the subcutaneous administration of morphia has contributed incalculably to the alleviation of human suffering cannot be doubted; but it has been asserted that increased facility for continued indulgence is thus afforded, with largely augmented liability of establishing disease. I have been informed that a prominent member of this

association entertains this opinion, and condemns its use, claiming far greater danger of inebriety, than if morphia be given per orem. He contends that the unpleasant gastric effects and cerebral disturbance which it so often occasions when administered per via naturale constitute a decided obstacle to its protracted employment, whereas the trifling pain of the puncture, the freedom from disagreeable sequelæ just cited, and the, to many, enjoyable tranquillity of mind and body it produces, prove almost irresistible temptations to its continuance. How far this opinion is correct I cannot say, but it may safely be asserted that, from the extensive prevalency of this form of medication, many cases will be found of this character, and that the number will constantly increase, especially if the pernicious practice—which I am impelled to believe is quite extensively indulged in—of patients being professionally advised to purchase a syringe and personally employ it—be continued.

An interesting paper on "Opium Inebriety, and the Hypodermic Syringe," by Dr. McFarland, of Oxford. New York, read at the last meeting of the New York State Medical Society, pointed out the danger of this course, and advised strongly its discontinuance.

Having thus directed attention to a state of affairs largely existing, what is the remedy for the resultant evils?

First. A diminished prescribing of opiates, a lessened idea that they are the sine qua non, and the substitution of various anodynes, soporifics, and nervines, which, though they may somewhat imperfectly accomplish the object, as compared with opium, are free from that peculiar property which so often entails dire results.

Secondly. In all cases where their use seems indicated, careful inquiry by the attending physician, as to the neurotic status of the patient, from the standpoint of hereditary tendency, by thorough investigation of ancestral mortuary records, and a study of individual temperament, with the object of ascertaining the vulnerability of each case to the exceptionally ensnaring power of opium.

Thirdly. In every case, as limited an employment of opium, and as frequent using of substitutes, as circumstances will admit, interrupting an administration at short intervals, if possible, and thus lessening the chances of habituation.

Fourthly. Patients under the necessity of using opiates should be kept under careful and frequent observation, and immediately the direct need for their use has subsided the attending physician should exercise fully his authority in compelling a peremptory abandonment. Pre-eminently so is this with the hypodermic syringe, and under no circumstances, except the case of painfully incurable disease—and even then it would be better to entrust its use to a friend—should a patient be permitted self-administration. Personal employment is fraught with danger, patients almost invariably using it to excess, and the practice of allowing it cannot be too severely condemned, or its discontinuance too strenuously insisted on. More, medical attendants should deem it their duty to follow closely the course of patients for some time after opium has been abandoned, lest, from some pretext, its use be resumed clandestinely, and inebriety become established. More than one striking case of this kind, in which it was employed hypodermically, has fallen under my observation.

Careful observance of these precautions would, unquestionably, reduce largely toward a minimum the ills resulting from the indiscreet employment of opium, and I trust the time is not far distant when this Society will deem it advisable to express a sentiment in accordance therewith, confident that, could it make itself heard and heeded, a vast amount of harm might be avoided.

Nor can I allow this opportunity to pass without asking whether the time has not already arrived when it is the duty of this association to direct attention to the indiscriminate sale of opiates, and take measures looking to its restriction? Certain it is that, despite every professional precaution which may be observed, an avenue for continued indulgence is now open, which individual as well as public interests demands should be closed. Certain it is that, so long as no safeguard is afforded those in whom the earliest indications of this abnormal appetency are aroused, so long will we have constant accessions to the ranks, already surprisingly large, of opium habitues.

I am firmly of opinion that legislative enactment, prohibiting the refilling an opiate prescription, or the dispensing of opium in any form, without a positive order from the attending or other physician, would accomplish an immense amount of good, by protecting those who, otherwise, might become the pitiable pos-

sessors of an appetite making havoc alike of body and mind.

A precedent has been given us. During the past year our German brethren, with a far-reaching wisdom which will bear good fruit in the future, have secured restrictive legislation in this direction, and the good example thus presented we should make no delay in emulating. I commend this subject to the earnest consideration of this association. As the pioneer in every movement having at heart the protection of individuals and society against the ravages of inebriating agents, an ample field is here afforded for the exercise of those wise counsels and beneficent works so potent for good in the past, and so pregnant with weal for the future. The prevention of disease ranks higher than its cure, and in the entire realm of prophylactic medicine I know of few better opportunities for brilliant achievements than this.

THE PREVENTION AND TREATMENT OF DIPHTHERIA.

BY EDWIN M. GLOTFELTY, M.D.,
Of Accident, Md.

I do not presume to offer to the readers of the REPORTER anything new or of interest concerning the history, causation, or pathology of this disease. I take it for granted that elaborate papers on the subject are not wanting in the libraries of the profession, aside from the most excellent articles to be found in treatises on diseases of children. What few observations I have to offer are the result of a practical acquaintance with the disease in question, including about all its forms and complications. And this experience has very much strengthened me in the opinion which I have always held, that much can be done by the physician to prevent the spread of this, as well as similar diseases, by careful attention to the sanitary conditions surrounding the sick, and a little careful instruction of the well in matters pertaining to their physical health and well-being.

It appears to me that, in the presence of the disease in question, it is the duty and legitimate business of the physician to inspect every portion of the premises, and to insist upon the removal or abatement of every possible source of infection. The sick room itself should have most careful attention, if nothing more. We would insist upon the removal of carpets, and the floor to be kept clean, with as little use of water as possible, and that to be slightly impregnated with carbolic acid. We would inculcate the use of flannel next the skin, the feet to be kept dry and warm, and the digestive systems of the well invigorated by mild cathartics—good in practice, however old in theory. Interdict the use of sweetmeats or pastry, which I believe invariably do harm, by vitiating a healthy appetite for substantial food. To do this, and whatever more the circumstances may suggest, is our bounden duty, the neglect of which is the neglect of a most potent factor in the treatment of the disease itself. Above all, when possible, secure the aid of an industrious, attentive nurse, whose especial recommendation is cleanliness, and you have the battle half won. That the malignancy of this and kindred diseases could be mitigated to a very great extent by a more careful attention to the sanitary surrounding of our village and country homes, is a self-evident proposition to physicians who have an opportunity to observe the average condition of such places.

As regards the treatment of diphtheria, it resolves itself into, beside the preventive, the constitutional and local in connection with the preventive treatment, a slight intimation of which we have given. We are undoubtedly justified in using such remedies as the sulphites—more particularly the sulpho-carbolate and carbolate of soda, so highly recommended by Dr. Beebe, of Chicago, and others. The local treatment, with me, has become simply a matter of routine, because, so far, it has proved the best. Turpentine, as freely as the skin will bear, to the neck, externally, and kept well covered with flannel, and a wash or gargle, composed as follows:—

℞.	Carbolic acid	℥ss
	Tinct. myrrh.	f.℥j
	Glycerine	℥ij
	Aq. rosar.	f.℥iv M.

Use this mixture ad. lib., diluted or increased in strength if deemed necessary. Then nut galls in moderately thin paste, to be used as an application to the throat inside, and followed immediately with a liberal application of powdered gum arabic. This simple remedy, gum acacia, fulfills so many indications with me that to be without it in my armamentarium medicum would be as great a deprivation as doing without carbolic acid in my armamentarium surgicum. How or why it should do

good, I shall not stop to discuss. I simply understand that it is of undoubted efficacy, and I make a point of never neglecting it in a case of diphtheria.

Last—let it not be imagined that I consider it the least—the constitutional treatment embraces not only medicines as we understand them, but all those accessories to support the strength familiar to old physicians as of value in treating asthenic disorders. Here we have a disease which, above all others, requires, in the absence of specific remedies, a most energetic supporting treatment. If practical observation has taught me anything at all, it has taught me that to keep my patients eating is to have them recover; food frequently administered from the very first intimation of the disease; do not let the stomach remain long empty, and, as a consequence, become nauseated. Milk, eggs, wine, soup, and every available article of substantial diet, should be brought to bear against this insidious enemy of our little ones. Chlorate of potash, in solution, pure and simple, unencumbered with anything whatever, has been my mainstay. I give it when I can give anything at all, and, in my humble opinion, it fulfills the indications in the absence, so far, of the specific medicine elect.

Hospital Reports.

A VISIT TO SOME OF THE PHILADELPHIA CLINICS.

BY C. C. VANDERBECK, M.D., PH.D.

(Editor of the *Philadelphia Druggist and Chemist.*)

CLINIC OF R. J. LEVIS, M.D., PENNSYLVANIA HOSPITAL.

Aneurism of the Transverse Portion of the Arch of the Aorta.

This tumor is most prominent between the second and third ribs, to the left of the sternum. A portion of the bone has been absorbed. The size of the aneurism will not exceed that of a hen's egg.

Diagnosis.—We arrive at the above diagnosis by remembering the fact that an aneurism of either the ascending or descending portion of the arch would not, in all probability, bulge so far forward as in this case. The position of the heart and large vessels was marked out by the lecturer, making it evident that the aneurism really occupies the position claimed. This patient has some of the inconveniences which nearly every one has who is affected with an aneurism in this situation—irritation of the throat, due to the pressure of the tumor upon the recurrent laryngeal nerve. If the sympathetic were pressed upon, the pupil on that side would be dilated. This tumor, moreover, pulsates, is soft and elastic, and free from pain, and there is no discoloration of the integument. Prognosis as to cure is unfavorable. Two years is a long time for a person to live suffering with this trouble.

Treatment.—Very little can be done for such a case, but he will be kept at rest, thus keeping down the action of the heart. The latest internal treatment is the use of large doses of iodide of potassium, say from one to three drachms daily. He has had no experience in this plan of treatment.

P. S.—A few days later the man died. The diagnosis was confirmed by the post-mortem. The aneurism was about as large as a man's fist, and filled with coagula. Death was caused by gangrene of the left lung, brought on by pressure upon the left pneumogastric nerve. The right lung, except a deposit of coal dust at the apex, was found to be normal.

Compound Fracture of Tibia and Fibula.

This man is brought before the class to show how simply fracture of the leg can be treated. The accident was caused by a kick from a horse. The only support is a pillow for the limb to rest upon, while the sides are supported by the fracture box, a pad of okra being placed under the heel. The limb is elevated by a very simple apparatus, which is used altogether in this hospital. A light framework is erected, which arches over the lower part of the bed; by means of a string, a small piece of board containing three holes is let down from the frame and suspended over the limb. The string from the fracture box is passed through the lower hole in the board. By this means the limb can be placed at any angle.

Spinal Shock.

This man, while riding upon a locomotive, three weeks ago, fell off and struck upon his buttocks. From such a fall as this spinal shock is often produced. Heavy weights falling on the head, and the force being transmitted, may produce a like result. The effect of such force is to bend the spine forward—extreme flexion. The spine bends most at its upper part, and between the last cervical and first lumbar. It is in these situations that the vast majority of spinal injuries occur. The symptoms vary, of course, according to the part of the cord injured. The seat of injury in the case before us was low down in the cord, causing paralysis of the sphincters and of the lower extremities. Since the accident, three weeks ago, he has been in the hospital, and is rapidly improving. He is now able to turn over in bed, and to draw up his legs. His chief trouble at present is inability to evacuate the bladder.

Treatment.—His bladder is relieved by the catheter. Daily shampooing of the muscles of the loins and thighs. Motion is commenced in the limbs by the use of the wheel crutch,

which gives support in the axilla, and also in the perineum, if necessary. Prognosis is good.

Erysipelas.

During the remarks to the class upon this disease and surgeon's foe, the lecturer said, erysipelas is rare in this hospital; it used to be very common before the present mode of ventilation was adopted. The engine which is used here for forcing the ventilation is capable of furnishing four thousand cubic feet of air per minute to each bed. Good ventilation along with good hygiene in general, are great preventives of erysipelas.

CLINIC OF PROFESSOR DA COSTA, JEFFERSON MEDICAL COLLEGE HOSPITAL.

LUNG DISEASES.

Chronic Phthisis.

Third stage. Mrs. B., aged forty-five; cough for two years. Does not spit blood; losing flesh; night sweats. Dullness at right apex and marked gurgling, with blowing respiration, under right clavicle. Great deal of indigestion.

℞. Syr. ferri iod.,
Liq. morph. sulph.,
Aquæ, āā ℥j. M.

Sig.—Teaspoonful thrice daily.

Her feeble digestion prevents giving cod-liver oil. To improve this function give strychnia, grain $\frac{1}{10}$, before meals.

Pneumonic Phthisis.

Charlie D., aged ten. This boy is troubled with coughing, and is gradually losing flesh. Four years ago he had pneumonia following measles. Only a very slight cough existed from the time of the attack of pneumonia up to one year ago, at which time it became more noticeable, and for a month has been quite severe. Dullness is found over right chest; also harsh respiration. No rales now, though coarse, wet rales have been heard at the lower part of the right lung. The result of this case will depend upon the vital force left to combat the disease. The prospects are that it will terminate in pneumonic phthisis.

℞. Pot. iod., gr.ij
Elix. cinch., ℥j
Tr. opii deod., gtt.ij. M.

Sig.—One dose thrice daily.

Also, cod-liver oil, and live in the fresh air.

Cough, from Elongated Uvula.

This man, aged 58, has had a tickling or strangling cough for some time. Worse at night. Expectorates a great deal. The lungs are normal. Not a lung cough, but due to an elongation of the uvula. Such a diagnosis must be arrived at by exclusion of lung troubles.

Treatment.—Touch the uvula with a solution of sulphate of zinc, 30 grains to the ounce, every day or every other day. A gargle of tannic acid, one drachm to the ounce of glycerine. Put a tablespoonful of this in a wineglassful of water, and gargle several times a day.

Specimen of Larynx, Showing Laryngeal Phthisis,

the most marked feature being ulceration. This is one of the most terrible diseases we encounter. The difficulty of swallowing and breathing makes life unendurable. The patient is apt to die of starvation or suffocation.

Empyema.

This is a case that was tapped before the class some time ago. He coughs very little and his breathing is relieved. There is clearness on percussion, except low down. The respiratory murmur can be heard, and shows the air is readily entering the lung. There is a slight friction sound at the front and lower part of the lung. How shall the reaccumulation of pus be prevented. It is treated sometimes by injections of iodine or carbolic acid. Another treatment is steady pressure by means of firm adhesive strips, to keep the walls together, and cause adhesions, and prevent effusion. It also gives rest to the lungs. In any plan the treatment must also consist of long-continued internal use of Basham's mixture of iron. A tablespoonful thrice daily; full diet.

Chronic Pneumonia.

Male, aged 26. This patient had pneumonia three years ago, and since then has been troubled with sore throat, and attacks of difficulty of breathing, which he called asthma. He has had more or less cough ever since the attack of pneumonitis. Upon examination, slight follicular pharyngitis is found, and respiration is much feebler upon right than upon the left side. The percussion note is impaired. There is here lingering consolidation of the lung. The "asthma" is not true asthma. Prognosis favorable under treatment.

Treatment.—Iodide of potassium, five grains in one drachm of compound tincture of cinchona, four times a day. Be careful of exposing himself to wet and cold. Good food. Live out of doors. Every ten days apply a blister to some part of the chest on the right side. The cough is not troublesome enough, in this case, to require treatment.

Acute Bronchitis.

This little boy is said to have had pneumonia two years ago and has been subject to colds since. Has been short of breath since. For six months past his health has failed considerably. Upon auscultation we find over the right lung coarse, dry rales, and some harshness of murmur in left lung. Percussion sound is clear. This is a case of acute bronchial catarrh, and by closely questioning, it is found to be of a week's duration. There is, however, a more serious condition present. A harsh, rough murmur is found to take the place of the first sound, and becomes feeble toward the base. The second sound at base is more distinct at

left than right. At the angle of the left scapula this murmur is very evident. There is present here a regurgitant disease of the mitral valve, and also slight hypertrophy. This is not a recent case, as the enlargement indicates. The so-called pneumonia, in all probability, was an attack of endocarditis.

Treatment for Bronchial Catarrh.

R.	Tr. verat. viridis,	ʒj
	Ammon. mur.,	ʒij
	Mist. glycyrrhr. comp.,	ʒiij
	Syr. pruni. virg.,	f.ʒvij. M.

Sig.—Teaspoonful four times a day, in water.

After taking this for a day or two the dose ought to be reduced. Use, also, mustard to the chest. It will be better for him to keep in the house in damp weather. After the bronchial difficulty is better, then we will pay attention to the condition of the heart.

Pneumonia after Whooping Cough.

A little child has been sick for three weeks, coughing and spitting up some blood. Breathing is 40; skin hot and dry; pulse 125. In examining the chest of children do so at the back first; auscultate first and percuss last, to prevent them from being frightened. Bronchial respiration is found at the back of the left lung, in fact, over the whole lower part of the left lung. Some harsh respiration upon right side. Much the same signs anteriorly. Dullness on left side, on percussion. This child has pneumonia. It is subacute; rather than pure pneumonia in children. This child ought to be put to bed. Apply large flaxseed poultices to the chest, with oil-silk placed over them.

R.	Tinc. digitalis,	gtt.ij
	Pot. nit.,	gr.j
	Pot. acet.,	gr.v.

Give this in syrup and water, of each a teaspoonful, as one dose, and taken every fourth hour. Nourish the child well. Watch closely the effect of the medicine.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Conversational meeting held at the hall of the College of Physicians, Philadelphia, Nov. 28th, 1877. Professor Henry H. Smith, President of the Society, in the chair.

Dr. J. Cheston Morris read a paper on Diphtheria and Inflammatory Croup,* which received a vote of thanks.

Dr. C. B. Nancrede said that there were several points in Dr. Morris' paper to which he wished briefly to advert. In the first place, as to the diagnostic value of the presence or absence of albuminuria. He thought this test very unreliable, as Steiner maintains that albuminuria is not very uncommonly found in true croup. As to the diagnosis between diphtheria and true croup, he did not consider it so easy, and thought that there were many other members present who would agree with him, referring, of course, to the early stage of the disease. It is wiser in all such cases to treat them as if they might be diphtheria. He said that the ill success of tracheotomy in this city was due to a number of causes, first among which was its performance in manifestly improper cases. He had been comparatively lately called in consultation by a gentleman, who, against his advice, insisted upon operating in a case where the interference with æration was most marked, *but was not due chiefly to laryngeal stenosis*, but to a croupous bronchitis or pneumonia. The air entered the chest tolerably freely, but could not reach the blood, owing to the extension of the croupous process. The mother fortunately refused her consent, and no operation was performed. Here, opening the trachea would have done no good, since there was not much obstruction, yet this is a type of far too large a class of cases operated on. Again, tracheotomy is left until too late, when the lungs and nerve centres are hopelessly congested.

Finally, the frequency with which croupous bronchitis occurs in various countries and epidemics varies greatly. In England, of late years, any such complication seems to have been rather the exception, while in this city the reverse usually obtains.

The assertion may seem a bold one, that many gentlemen seem to think their duty done when they have opened the trachea; and that the operation will cure by itself; but, however clearly in theory they may know that this is *not* so, yet in *practice* they certainly act upon some such principle.

The after treatment is everything, the operation merely giving time by preventing strangulation. In one way only is it strictly curative: viz, by obviating the rarefaction of the air in the air cells, by permiting the free ingress of air, thus preventing congestion of the lungs. Were all these points carefully considered the percentage of successes would be much higher than at present. Dealing with a large number of cases, the cures average about 24 per cent., if well selected. There is one extraordinary series of cases where 110 recoveries occurred, out of 142 operations, but about this I think there must have been some mistake. Mr. Spence, of Edinburgh, reports 34 recoveries out of 103 operations, diphtheritic and croupous cases being about evenly divided. The statement that such recoveries would take place under any plan of treatment, and that an equal number do so when medically treated, is not fair, for if we take one hundred cases of croup, a certain proportion will be very mild, some of moderate severity and some very severe, while in tracheotomy cases all are bad cases. As fairly say that you must not operate for a bad compound fracture, because out of a hundred

* See page 21.

cases of such injuries a large number recover under the expectant plan, while the truth is, that the mild cases do get well without, and the bad ones, in the vast majority of cases, only with, operation. Emetics are useful in a way not generally understood. They never loosen a membrane, although they may expel one already partially or completely detached, but they do evacuate the thick muco-pus which is so common in this affection, and of which a larynx lined with pseudo-membrane is much more tolerant than is usually suspected.

Dr. Prall said that a cough was more powerful in throwing off membrane than the act of vomiting, and that, of late, he had stopped giving emetics for this purpose, as he had never seen any of the membrane brought away by their use.

Dr. McFerran remarked that he had seen the expulsion of the characteristic membrane of croup follow the administration of an emetic, and that, too, so soon after the effort to vomit manifested itself, that he was forced to believe it a *propter hoc*, and not simply a *post hoc;* and that, although we might not be able to unravel the mystery of the action of emetics in such cases, we must content ourselves with the utterances of experience, as we are constrained to do in regard to the modus operandi of most other medicines, until empiricism shall make way for science. That there should be a distinction made between croup and diphtheria in practice, if not shown by our faulty knowledge of the pathology of the two, in some respects, similar manifestations of disease, most of us will admit, in spite of all theory, by treating them as distinct morbid processes. That the bold and energetic measures resorted to in croup find no favor in diphtheria will not raise a question. And whatever may be our theories in regard to it, we are all satisfied to use gentle measures in treatment. That diphtheria is primarily a local disease, and may often be arrested by local treatment, is evinced by its history. The constitutional disturbance depending upon local cause should not be confounded with the proper diphtheritic manifestations seen in the latter stages. That it is just as reasonable to expect to cure or modify smallpox, measles, or any other infectious disease, by the use of antiseptics, as it is diphtheria; and here, as there, if curable at all, they must act in some other manner than as antidotes to a poison. That atomized warm water, applied continuously, or for six or eight hours, will, if used at the first appearance of the membrane upon the pharynx and tonsils, cause the membrane to swell into a puffy condition, to lose its dirty gray color, and arrest its extension; and, if continued for sixteen or eighteen hours, completely detach it; this is a fact that will be verified on every faithful trial of the remedy, and, in a great majority of the cases so treated, put an end to any further progress of the disease. That, as a further evidence of the initial stages being local, the fact that the same favorable termination does not follow when the upper pharynx and nares are covered with the membrane, is worthy of note, and the fact must have been observed by all who have had much experience in the treatment of this treacherous disease.

Dr. Charles Wittig said the last case of croup that he had to attend was that of a boy whose brother was then suffering from diphtheritic deposit in the fauces. The patient recovered under the use of antiphlogistic remedies, such as leeches applied to the trachea, near the claviculæ, and of mercurial ointment with oil of hyoscyamus, extract of cicuta and iodide of potassium to the larynx. In these cases he induced alvine evacuations by injections of vinegar, and calomel internally. He also used nitrate of potassa with tartar emetic and syrup of senega, tartar emetic in full dose, to induce vomiting; and in refractory cases sulphate of copper, at first in large, and afterwards in small doses. As a case of laryngo-tracheitis, or the inflammatory variety of croup, could not be successfully treated differently, Dr. W. asked, what was the practical value of the distinction of croup into the diphtheritic and the inflammatory species? He, himself, had adopted the views of both Schoenlein and Fuchs, the former of whom classes croup with his nosophlogoses, and the latter with his typhoids, both classes comprising the diphtheritic process. He had several times treated acute laryngitis, but it never exhibited the dyspnœa, anxiety, cerebral disturbance and pseudo-membranous formation to be met with in croup; it yielded, moreover, soon to leeches and cold applications, connected with the internal administration of nitrate of potassa, etc. It would, therefore, seem to him that pseudo-membranous laryngo-tracheitis is owing to the diphtheritic process, the phlogistic symptoms being rather induced or increased by the locality of the affection.

Dr. Dunmire spoke of three cases, which evidently showed that the constitutional trouble preceded the local symptoms, showing conclusively blood poisoning.

Dr. Hamilton believed in the distinction of these diseases, and pointed out that croup is not epidemical, like diphtheria. The diagnosis of diphtheria is difficult at the beginning, and like typhoid fever, this disease is more frequent in the country than in the city.

Dr. Stetler was convinced that the act of vomiting is useful not only in inflammations of the larynx and trachea, but likewise in those of the bronchial mucous membrane. When the secretions in the latter are tolerably free, young children may be drowned in them, unless relieved by an emetic. He had often seen the great value of emetics in relieving young children promptly from threatened suffocation. He would discriminate as to the kind of emetics, not using the depressing ones in cases of debility, but sulphate of zinc, which seems to have a somewhat specific action on the throat. Even in diphtheria this emetic will often be beneficial, and not depressing.

Dr. Nancrede said that the means by which mucous was evacuated from the chest during vomiting, was very clear, if its mechanism was examined. A breath is taken and the diaphragm fixed by closing the larynx, thus giving a point of support against which the stomach is compressed by the abdominal muscles. Soon, however, this fixation of the diaphragm ceases, and the viscera are forced up against this yielding partition, thus lessening the cavity of the chest. A still further and more marked reduction of its capacity, probably equaling that of the deepest expiration, is effected by the forcible drawing down of the ribs by the abdominal muscles, which, acting from the fixed point of the pubes, drag down the movable thorax.

Dr. W. S. Stewart remarked that diphtheria and croup were distinct diseases, and could be readily distinguished by their locality and nature. Croup is confined to the larynx and trachea, and deposits its membrane upon the surface of the mucous membrane of the part, and is not contagious. Diphtheria, on the other hand, is situated in the fauces and pharynx, and deposits first upon the tonsils, and if left alone soon spreads and ulcerates through the mucous membrane, destroying the parts and producing most offensive and poisonous exhalations. One neglected case of diphtheria, in his opinion, would be sufficient to infect a whole city; but, if promptly taken and heroically treated, it would prove harmless, both to patient and community.

For further particulars on the subject, he referred the society to the paper he read before them, and which was published a year or more since, in the *Medical Times*, on the "Differential Diagnosis and Treatment of Croup and Diphtheria."

Dr. Morris, in reply, spoke of the comparative rarity of true inflammatory croup among us at present, and drew attention to the different treatment required by it and diphtheria. He would not recommend emetics in the latter disease. Croup at the outset is sthenic, and there is frequently a tendency in it to the deposit of false membrane on any abraded surface. Diphtheria, on the other hand, is asthenic, and in the suddenness and malignancy of the attack resembles small-pox, or yellow fever, or malignant scarlatina. He well remembers the suddenness of his own attack, some years ago; how, in apparently perfect health, he was struck, as it were, with the chill while visiting a patient, and intensely prostrated; the membranous deposit showed itself subsequently. The disease was contracted from a gentleman whom he had seen a week or ten days previously. At the same time he believes that the infection lies mainly in the throat disease, and is capable, by absorption, of aggravating the condition of the patient; he would therefore use disinfectants locally. The application of a few drops of a dilute iron solution, (℥ss, tr. ferri chlor. ad aquæ f.℥ij) with a brush, or as a gargle, he has seen very useful.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

This Society convened, for its annual meeting, in Albany, last month.

In the absence of President Jenkins, Dr. A. L. Saunders, of Madison county, vice-president, occupied the chair.

The meeting was opened with prayer by the Rev. Dr. Clark.

The chairman made a few remarks in opening the meeting, and appointed Drs. N. C. Huested, E. H. Lyman, and H. S. Porter, Committee on Credentials.

A communication was received from Dr. J. F. Jenkins, declining the office of president, and contributing $25 to the Society.

The Secretary called attention to two propositions adopted last year: (1) That delegates shall not be permitted to register until all dues are paid; and (2) that permanent members shall not be allowed to register until their annual dues are paid.

The chair announced Drs. William H. Bailey, William Smith, and J. N. Northrup, as the Committee on Arrangements.

Also, Drs. E. R. Squibb, W. C. Wey, and D. B. St. John Roosa as the Business Committee.

Dr. Porter offered a resolution that only delegates and permanent members who have registered and paid their annual dues be permitted to vote on nominating committees in their senatorial district committees, and that the caucuses of the senatorial committees, when they meet, elect a chairman and secretary, and they report to the society, in writing, the names of the persons elected by each committee, to serve on the nominating committee. Adopted.

A short recess was then taken.

On reconvening, Dr. Bailey, chairman of the committee of arrangements, reported the following visitors: Dr. A. E. McDonald, of New York; Dr. P. B. Collier, of Valatie; Dr. William G. Lamb, of Lawrence, Mass., delegate from the State society of that State, and a number of the members of the Albany County Medical Society.

The chair announced as the committee on ethics, Drs. William C. Wey, D. B. St. John Roosa, and James Chapman.

Dr. Squibb, from the Business Committee, made some remarks as to the legality of the present meeting.

Dr. Gourlay moved to refer the matter to the Business Committee, with power to report. Adopted.

Dr. Diamond, of Cayuga county, asked advice of the Society as to the propriety of taking some action looking to the securing of proper compensation of medical experts called as witnesses. Referred.

Dr. Squibb read the report of the Committee of Publication, the recommendations of which were adopted.

Dr. Eugene Beach read a paper on "Punctured Wounds of the Stomach."

The President announced the Committee on

Nominations, as follows: J. W. S. Gourlay, New York; D. Guernsey, Dutchess; M. H. Burton, Rensselær; E. D. Ferguson, Clinton; G. W. Cooke, Otsego; J. H. Chittenden, Broome; Theodore Diamond, Cayuga; James Chapman, Orleans.

Dr. McLane read a paper on "Contributions to the Study of Epilepsy," and Dr. Weir one on "Urinary Fistula."

At the evening session, Dr. Edward Seguin, of New York, made remarks on the "Importance of Uniformity of Medical Observations."

Dr. Stephen Smith, of New York, read a paper on "Antiseptic Surgery," and it was discussed by a number of members.

Dr. Bailey presented an invitation to the members, delegates from sister societies and invited guests, to attend a reception by the medical society of the county of Albany, at the Delavan house, on Wednesday evening, at nine o'clock, which invitation was accepted with thanks.

On the assembling of the society the following day the Treasurer's report was presented and referred to the Auditing Committee, consisting of Drs. Govan and Burr. The report shows the receipts to be $1103; expenditures, $661.64; balance on hand, $431.36. On account of the publication of the *Transactions* there is an indebtedness of $1600.

The report of the Librarian shows that there are 7768 volumes, principally of *Transactions*, on hand, and that the expenses of his office have been $113.10.

The Committee on Ethics made a report in regard to the interpretation of the code of medical ethics, which was adopted.

The Committee on the Codification of the By-laws also made a report, which was adopted.

A telegram of condolence was sent to the family of Dr. Dean, of Rochester, who died suddenly on Sunday.

An invitation was extended to the medical members of the legislature to attend the delivery of the annual address.

The Business Committee reported in favor of a law to provide for properly compensating medical experts when called as witnesses. Adopted.

Dr. Mosher moved the appointment of a committee of three, with Dr. Diamond as chairman, to urge the passage of the law. Adopted.

The Committee on By-laws made a report in reference to medical students passing an examination in languages before graduating. Accepted.

A resolution changing the time of regular meeting until the first Tuesday in February, was adopted.

Also, one that the President, Secretary and Treasurer, with twelve members, meet in Albany on the third Tuesday in June, to ratify the proceedings of the present meeting. Adopted.

At the meeting the next morning, the following officers were elected:—

President, D. B. St. John Roosa, New York; Vice-president, Judson C. Nelson, Cortland; Secretary, W. Manlius Smith, Onondaga; Treasurer, C. H. Porter, Albany.

The sense of the Society was taken, and it was expressed as against, the naming of a manufacturing firm of healthful articles of diet in the Transactions. Also against putting the words on a sign, "eye and ear infirmary," or "oculist and aurist."

After the transaction of some unimportant business the Society adjourned *sine die*.

Editorial Department.

Periscope.

Syphilitic Disease of the Viscera.

The London *Medical Record* quotes some cases of syphiloma of the viscera described by Professor Axel Key, of Stockholm:—

The subject of the first case was a prostitute, who died suddenly. At the necropsy, besides other characteristic specific changes, one half of each kidney was found to be the seat of between twenty and thirty grayish-white or reddish-gray round masses, of various sizes, some isolated, some becoming confluent. They were surrounded by a gelatinous gray-white zone, and sharply defined from the surrounding renal tissue, so far as could be seen with the naked eye. The condition could not be judged with certainty, as cadaveric changes had already commenced. Most of the larger masses had undergone caseous degeneration in the centre. Microscopic examination showed the changes usual in syphiloma, especially syphiloma of the liver, which the masses found in the kidney also resembled microscopically.

In the second case, that of a man aged 31, the syphilitic deposits were very numerous, and were principally found in the pyramids of the kidneys. (In the former case the new growths were partly within and partly without the cortex and pyramids.) They were softer than in the other case, and were in general in a state of softening, having a jelly-like consistence. In addition to the syphiloma, the renal tissue was the seat of induration and atrophy.

In connection with these cases, Dr. Key describes the condition of the heart and kidneys as found by Professor Bruzelius at the necropsy

of a sailor who had died suddenly. The lower part of each kidney was found to be completely atrophied, and to be sharply marked off from the upper part, which microscopically appeared to be unaffected. This atrophy is characteristic of syphilis. The muscular tissue of the heart also contained many connective tissue growths, in which were found small grayish-white or gray-yellow syphilitic deposits.

Medical Uses of Bael.

Sir James Fayrer says of this fruit, in the London *Medical Times and Gazette*, It is hardly necessary to say that the bael is an orange with a ligneous rind, in which there is much essential oil; that its pulp is astringent, and contains numerous seeds embedded in the tenacious mucilage. It is common in India, ripens in the autumn, and could be easily brought to England in the imperfectly mature condition. The bael has frequently been described, and is well known to medical men in India as a valuable remedy, not, as sometimes supposed, in the treatment of acute dysentery, but in certain chronic forms of that and other bowel complaints. Martin, Cleghorn, Grant, Waring, Jackson, and others, have spoken of its good effects. Sir. R. Martin, in the *Lancet* of 1853, and Mr. A. Grant, in the *Indian Annals* of 1854, call attention to it. The latter says, "It is useful in habitual constipation, taken early in the morning, and also in the irregularity of the bowels attended by periods of looseness alternating with constipation, as is so often seen in certain seasons in India. It has been given with good results in mucous diarrhœa, chronic diarrhœa, and dysentery." In fact, many Indian physicians have spoken highly of bael for such purposes, and to a great extent I can confirm their opinion; at all events, quite sufficiently to say that it is a useful and pleasant remedy for some forms of bowel complaint in their chronic conditions; and to express my belief that it would be a valuable addition to our resources in the treatment of similar diseases here.

A Case of Cæsarean Section.

Dr. C. Jewett reports the following ca e in the *Proceedings* of the King's County Medical Society:—

Mrs. L., aged twenty-three years, in the eighth month of utero-gestation, primipara, was seized December 6th, with diphtheria. I first saw her at 7½ P.M., on the eighth, with Dr. Duryee, her physician. She was sitting up in bed, and showed no evidence of exhaustion. Temperature 103¼; pulse 120.

About one-third of the anterior surface of the soft palate was covered with a fibrinous exudation. The patient was aphonic, but had no dyspnœa at that time or subsequently. The treatment, which was stimulant and tonic, was continued, and a hopeful prognosis given. Two hours later the patient suddenly became much worse and died. The immediate cause of death is still obscure.

Reaching the bedside at the moment of death, I proposed Cæsarean section, to save the child. Obtaining consent of the friends, the first incision was made at about five minutes from the time the mother ceased to breathe. Cutting rapidly down through the abdominal and uterine parietes, the placenta was exposed, attached anteriorly. In less than six minutes after the mother's death the child was removed from the uterus, but in a state of apnœa. Breathing was not fully established till artificial respiration (by Silvester's method) had been maintained for at least half an hour. The child lived till the seventh day, when it succumbed to atelectasis of the lungs. In every other respect it seemed perfectly healthy. Had mouth-to-mouth inflation of the lungs been substituted for Silvester's method, possibly the child might have survived. The former mode of inflation I have frequently practiced through the intervention of a coarse towel, passage of the air into the stomach being prevented either by pressure upon the epigastrium, or by gently forcing the larynx back against the œsophagus.

The Myopia of School Children.

Dr. A. Proust, of Paris, in his recent work on Hygiene, states his belief that myopia is produced artificially, on an enormous scale, in children at school, and he explains its occurrence in this way: the statistics of Erisman have shown that the vast majority of children under the age of seven are hypermetropic, and to see to read clearly at the usual distance they make great efforts of accommodation. The contraction of the ciliary muscles thus produced causes increase in the intra-ocular tension, and as this is kept up for long periods at a time the coats of the eye eventually give way in the direction of least resistence, *i.e.*, posteriorly; the antero-posterior axis of the eyeball is lengthened, a posterior staphyloma produced, and myopia eventually results. The myopia is increased by the fact that the ciliary muscle, being kept in a state of strong contraction for so long, at last becomes hypertrophied, and the curvature of the lens becomes permanently greater. The statistics of Cohn prove how frequently myopia is thus produced; for he found that in the first (or lowest) grade schools in Germany the proportion of myopic scholars was 6.7 per cent.; in the second grade schools it was 10.3 per cent.; in the third grade 19.7 per cent.; while in schools of the highest grade the proportion was as high as 26.2 per cent.; and in the top class of these schools more than half the students were myopic. M. Proust lays special stress upon the importance of plenty of open-air exercise as a precaution against this condition, the accommodation being then practically at rest. As myopia, when once established, is liable to become hereditary, it is of great importance that bodies which, like the School Boards of our large cities and

the Ministry of Public Instruction in France, are undertaking the training of children by the thousand, should pay special attention to this point, if the advance of education is not to be accompanied, *pari passu*, by increased impairment of sight in the race at large.

The Action of Morphia.

As the result of a long series of experiments on cold- and warm-blooded animals, Dr. Ludwig Witkowski comes to the following conclusions with regard to the action of morphia:—1. In a degree proportionate to the dose, which varies in different animals, morphia causes paralysis of the cerebral centres for sensation and voluntary motion. 2. The paralysis of these centres is not preceded by irritation or increase of excitability, but the various symptoms which have been thus explained are due to disturbances in the equilibrium of the separate functions of the brain. 3. The respiratory centre is the last to become paralyzed, and paralysis of this centre is the only or the main cause of death. 4. The centres for the inhibitory fibres of the pneumogastric, for the vasomotor nerves, and those regulating the contraction of the pupil, are not directly influenced by morphia, as regards either irritation or paralysis. 5. Morphia increases the reflex excitability of the spinal cord. 6. Morphia does not affect the peripheral nerves whether motor or sensory, or the organs in which they terminate.

Treatment of Deep-seated and Atheromatous Cysts of the Neck.

Professor Esmarch, at the Fourth Congress of the German Surgical Society of Berlin, brought forward his experience of about a dozen cases of deep-seated atheromatous cysts treated in the following manner: The contents of the cyst were first evacuated by means of a fine trocar, and the cavity was repeatedly washed out with a one per cent. solution of carbolic acid, with the object of removing as far as possible the friable masses of epidermal cells. The injection was continued until it escaped colorless; from ten to twenty grammes (two to four drachms) of Lugol's iodine solution was now injected into the empty cyst, and by gentle pressure was brought into contact with all the internal surface. After a few minutes the solution was allowed to escape. After the operation the cyst was found to become again tense, like a hydrocele after injection, with fluid, as a result of inflammatory reaction. But in the course of from six to eight weeks the cyst in general became completely shrunk. If, however, this failed to occur, Esmarch repeated the operation in the same manner, and a cure was the invariable result. Professor Esmarch points out that the removal of such cysts by operation is by no means devoid of danger, especially on account of the close connection that so often exists between the wall of the cyst and the sheath of the jugular vein, and further, that even if they are successfully removed, an ugly cicatrix is always left.

Subcutaneous Injections of Chloroform.

In a note addressed to the Société de Thérapeutique (*Gaz. des Hôp.*, Dec. 14), M. E. Besnier details the results of numerous trials which he has made at the St. Louis, of the hypodermic injection of chloroform, first practiced by Dr. Roberts Bartholow, in 1874. There has been, he observed, but little published upon the subject, probably because these injections have been used only for a limited purpose (the treatment of neuralgia), instead of employing them for the relief of every kind of pain. Their great advantage, he considers, consists in the fact that they may be employed in this manner, and thus supersede morphia, with its consequent inconveniences. No ill effect whatever, local or general, follows these injections, and yet they are efficacious. But the mode in which they are made is of importance, for, inefficiently performed (which is very commonly the case), they may give rise to local phlegmasia. They should always be practiced in two stages, the needle being first separated and introduced alone, so that if it happen to penetrate a vein this may be made known by the issue of a droplet of blood. When the syringe has been reapplied, in order to prevent local irritation being caused, the injection should be propelled into the hypodermis (*i. e.*, the subcutaneous cellulo-adipose layer, which varies in thickness in different regions and individuals), which not only possesses a special tolerance and insensibility, but a very active absorbent power. If the point of the needle be very fine and sharp, it may be passed through the skin into this tissue without appreciable pain, which, however, will be felt if it be carried too far, so as to reach the muscles, etc. The needle is manœuvred with the greatest facility as soon as it has passed the dermis, its point being easily guided to any part of the hypoderm. This done, the syringe may be adapted, and the injection made, with the greatest security.

The Management of Breech Presentations.

Dr. J. E. Clark says, in the Proceedings of the King's County Medical Society:—

Inasmuch as we can never tell when we are going to have trouble in these cases, it is better to prevent the breech becoming arrested, if possible.

The rule I have followed in my practice for many years now, is, in all cases of breech presentations at full time, to bring down a foot. This allows complete control of the labor; we can hasten it as the exigencies of the case may require.

Dr. Robert Barnes, of London, adopted this mode of treatment in cases where the breech becomes arrested. Would it not be better to do

the same thing earlier, and thus prevent hours and hours of intense agony to the mother and danger to the child?

I prefer to perform the operation before the first stage of labor is complete. It can be done then very easily, and without inflicting much suffering upon the mother. It is seldom necessary to give chloroform, though there is no objection to it, if desired. After the foot is brought down the dilatation of the os uteri is more readily completed, and the duration of the labor much shorter.

There are some points, as to the manner of performing the operation, I would like to mention. The feet and legs occupy two different positions in these cases. In one, and the most common by far, the legs are flexed upon the thighs, which brings the feet very near the os uteri. In the other, the legs are extended, carrying the feet near the fundus of the uterus, by the side of the head. Of course, these last are the most difficult to manage, and rarely fail to give trouble if left to themselves. I have adopted the following rules:—

1st. In introducing the hand into the uterus, use great gentleness with firmness, and always support the fundus with the unoccupied hand.

2d. Introduce the hand, the palmar surface of which will pass readily along the posterior aspect of the thigh of the fœtus.

3d. Choose the foot most anterior.

4th. Never bring down but one foot—reasons obvious. It leaves protection for the cord, and gives bulk for dilatation.

5th. Do not hasten the passage of the hips through the pelvis. Secure all the dilatation possible.

6th. Guide the rotation of the child in its descent, so that the abdomen is posterior in relation to the mother.

I have said nothing in regard to the diagnosis in these cases, because the points of diagnosis are so well known, and so easily made out, that a mistake can only occur through great and inexcusable carelessness.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Students of medical history will welcome the appearance of Dr. N. S. Davis' "Contributions to the History of Medical Education and Medical Institutions in the United States of America," 1776–1876, a special report prepared for the United States Bureau of Education. It forms a supplement to Dr. Toner's history of medical education prior to the Revolution, and is replete with incidents and reminiscences. It may be obtained by application to the Department of the Interior.

——Dr. Louis Bauer has had reprinted, from the St. Louis *Clinical Record*, an article on the dressing of stumps. His plan is a modification of the open method, not unlike that advocated by Burow.

——A pamphlet on the medicinal uses of phosphorus, compiled from various recent authors, has been published by William R. Warner & Co., Philadelphia. It will be found a useful grouping of late views on the topic.

——The subject of keratitis bullosa is treated with great thoroughness in a reprint from the *Archives of Ophthalmology and Otology*, by Dr. M. Landesberg, of this city. The paper will command the attention of specialists.

——Dr. J. L. Cabell's Etiology of Enteric Fever, reprinted from the Transactions of the American Medical Association, is a collection of facts on this much discussed question.

——Dr. James F. Hibberd, of Richmond, Indiana, in a reprint from the Cincinnati *Lancet and Observer*, points out how the instructive operations of the human system may be utilized in the management of certain diseases. Constipation and its cure furnish him with some apt illustrations.

——Dr. George M. Beard, of New York city, has made an interesting study of the endemic tetanus of Eastern Long Island. It occurs in that locality in one of 200 wounds; while the average in New York city is about one in 30,000 wounds. The cause is believed to be the dampness of the soil and air. Dr. Beard defines tetanus as "a cold in the spinal cord." His essay is well worth reading.

——The Annual Report of the Columbia Hospital for Women and Lying-in Asylum, for the last fiscal year, is just out, and will be read with interest. The attacks which were made on the management of this hospital by some anonymous writers have, within the last few months, excited considerable comment. These charges are, it appears to us, completely refuted by an appendix to the present Report, giving the notes of the numerous inspections made of the hospital, and by the detailed statement of expenses in the body of the Report. Unless such charges are entirely substantiated, they reflect great discredit on the person who advances them, as they not only injure the officials of the hospital, but the profession generally, as well. In this case there seems no sufficient ground for them.

BOOK NOTICES.

Spinal Disease and Spinal Curvature. Their Treatment by Suspension and the Use of the Plaster-of-paris Bandage. By Lewis A. Sayre, M.D., etc. J. B. Lippincott & Co., 1878. Small 8vo, cloth, pp. 122.

Much attention has, for several years past, been devoted to the treatment of diseased deformities of the spine by the methods identified with the name of Dr. Sayre. Without entering into useless discussion of priority in the discovery, or rather, the application, of these methods, all must acknowledge that to Dr. Sayre is due the perfecting of the details, and their prominent and successful application, and exhibition to the profession. These details are given quite fully in the present little work. It is enriched by numerous illustrations and photographs of the apparatus, and the manner of using it. All the points of treatment are detailed succinctly, but fully, so that, as the author remarks, "the plan is so simple, and its application so easy, that any medical man can treat these cases himself with perfect success in any part of the country, thus saving the patient the pain and expense of traveling long journeys to some specialist or institution devoted particularly to this class of deformities." The diseases treated of are Pott's disease, or angular curvature of the spine, and rotary-lateral curvature of the spine.

The Elements of Therapeutics. A Clinical Guide to the Action of Medicines. By Dr. C. Binz, Professor of Pharmacology in the University of Bonn. Translated from the Fifth German Edition, by Edward J. Sparks, M.A., M.B. New York, Wm. Wood & Co., 1878. 1 vol., cloth. Small 8vo, pp. 347.

Professor Binz gives us, in this work, a condensed series of notes on the materia medica; too condensed, in fact, to permit of easy reading, but useful as a guide to more complete works. His general scheme is to take a drug, digitalis, for example, devote a few lines to defining it, and giving its origin and elements, then pass on to its physiological action, its medicinal uses, and close with its pharmaceutical preparations (very similar to the United States Dispensatory).

The classification of drugs he adopts ranges them under the following chapters; sedative nervines, stimulant nervines, æthereal oils, demulcent medicines, astringent, bitter and alkaline medicines, remedies promoting tissue growth, diathetic and antiseptic medicines, antipyretics, evacuants, caustics and mechanical remedies.

The translator, who has done his work conscientiously, has added the preparations of the British and United States Pharmacopœias. The metric system of weights has been retained in various instances, and the translator says a few strong words in favor of its general adoption in this country and England.

Landmarks, Medical and Surgical. By Luther Holden, F. R. C. S., etc. 1 vol., small 8vo, cloth. Philadelphia, Lindsay & Blakiston. Henry C. Lea. Price $1.00.

The author has collected in this small volume what the French call the various *points de repère* in operative surgery and physical examinations. To take an example, under the heading, "the knee," he mentions the bony points, and what they represent, the line and position of the ligamentum patellæ, the position of the bursa, of the synovial membrane, the position and relations of the popliteal tendons and bursa, the popliteal artery and peroneal nerve. Whenever suggestions for operation occur they are carefully indicated.

The volume has been quite popular in England, and deserves to be so, as it is full of practical hints that are often omitted from the large works on surgical anatomy and diagnosis.

Practical Gynæcology. A Handbook of the Diseases of Women. By Heywood Smith, M. A., M. D., Oxon. With illustrations. Philadelphia, Lindsay & Blakiston, 1878. Cloth, small 8vo, pp. 205. Price $2.00.

This aims to be a condensation of the large treatises on gynæcology, designed to convey all that is positively known about them, and omitting all discussions of unsettled questions. The general arrangement is that of Thomas' work, but the author writes from considerable independent experience and observation, and his book is not a mere abridgment of another's labors. There is, indeed, the obvious fault of excessive conciseness shown on many pages; but those who wish an epitome of this branch of medicine could not well find a better one.

THE

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D. G. BRINTON, M. D., EDITOR.

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PREMIUM LIST
FOR 1878.

The following premiums are offered to our subscribers as inducements for them to aid us in increasing our circulation:—

1. For one new subscriber to the REPORTER, we give a copy either of the *Physician's Pocket Record* ($1 50), or of Dobell on *Coughs, Consumption and Diet* ($2.00).

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REMARKS UPON THE DWELLING HOUSES OF THE POOR.

Twenty-five years ago the following lines were written: "In some rooms it is not an unfrequent occurrence to see above a dozen human beings crowded into a space not fifteen feet square. Within this space the food of the wretched beings, such as it is, must be prepared; within this space they must eat and drink; men, women, and children must strip, dress, and sleep. When death releases one of the inmates, the corpse must, of necessity, remain days within the room."

The lapse of a quarter of a century has made but little improvement in such a condition among the poor. In fact, the very same remarks may be applied to whole districts in every large city. This is well known by every physician who has charge of a dispensary practice. The writer has had occasion to become thoroughly acquainted with the abodes of the poor of one district of this city, and the result of this experience has led him to believe that there is not a single tenement house in the entire district that has the requisites necessary for healthfulness. Chief among the defects is the inability to obtain sufficient light and air. The windows are small, the panes of glass 7x9, and the upper sash always nailed. This latter fact, the inability to lower the upper sash, has been a matter of careful investigation hundreds of times, and a single exception has not been met with.

A late writer, in speaking of houses, says.—"All persons of cultivation and refinement must instinctively shrink from cooking in the dark. Hence, it should be arranged that the kitchen should have all the daylight possible, every room of a house should be so arranged, if possible, that there should be at least one window opposite another, or a door, so that the room may be speedily and thoroughly ventilated by opening both at the same time. Transoms, or movable sash, over the door are very essential in bed rooms, in securing ventilation." Now, certainly, what is right for one house is

right for all. The poor man's home need not be adorned with extra finish, but should not the landlord and builder be compelled to give every attention to the health of their tenants, especially when it can be done so easily?

This is of importance, not only for the few; how often the innocent must suffer, sickness and death entering the rich man's door, spreading from some loathsome or uncleanly centre. Truly the care of the poor, and of the dirty quarters of the city, is an important question to each and every citizen. Can our readers point out a single tenement house with large windows, or a single room where the upper sash of the window will lower? Did you ever see a transom over a single door? Do you remember seeing such a house where the builder or landlord has had any heart for the poor wretches that were to overflow his property? We have seen more than this—a small room partitioned, so that accommodations could be furnished for more boarders. This partitioned part could receive its light and air only through a window in the partition, having itself no direct communication with the external world. In such a room we have carried a lamp at midday, to see the features of a sickly woman, stretched upon her wretched bed; and thus she lay in darkness, day after day.

Dr. James, of the Council of Hygiene of New York, says:—

"What calls most imperatively for reform, is the present construction of tenant houses as regards light and ventilation, and every necessary comfort. Not only does the present system of overcrowding these pent-up and unventilated apartments, and the consequent inhaling an atmosphere loaded with carbonic acid gas, and the poisonous exhalations of human bodies, enervate the physical powers, and predispose to disease of the worst type, but its demoralizing effects are fearful to contemplate; and instead of being the most attractive, home is often rendered the most uncomfortable and uninviting spot on earth."

Much is, at the present time, said about abuse of medical charities; could not charity be better applied, if directed to the root of much of the sickness of the poor? Strike at the cause of disease, rather than the effects of their living. It is said that some gentlemen, of late years, in Dublin, have succeeded in erecting some very fine tenement houses, with all the latest sanitary improvements, and from the success which has attended their venture, and the eagerness with which rooms in them are sought after by the working classes, it may be easily learned that the latter are fully sensible of their many advantages. Why cannot similar erections be accomplished in our country, in every large city, by some philanthropic and public-spirited gentlemen?

Notes and Comments.

Treatment of Epistaxis.

Dr. Blondeau relates, in the *Union Médicale*, a case of epistaxis in which a large quantity of blood had been lost, and which, not yielding to other means, he succeeded in rapidly arresting by the application of a tape tightly around the middle part of the thigh. As the bleeding did not recur, this was removed next day, when the hemorrhage reappeared soon after. A new application of the ligature was made, and was again promptly successful, the bleeding again returning when it was removed. At last, after a series of these alternations, the hemorrhage ceased entirely.

On Pseudo-Membranous Cystitis.

In a recent thesis, Dr. Guyot, of Paris, has studied this variety of cystitis. It is usually met with after the application of blisters, but is also sometimes found in the case of chronic and long-standing lesions of the bladder, such as calculi, tuberculization, and muco-purulent cystitis. The nature of the false membranes thus expelled with the urine has been sufficiently discussed. After it had been long admitted that they were the result of an exfoliation of the mucous membrane, it was sought to be demonstrated that they were almost always formed by fibrine, enclosing epithelial cells. This opinion is defended by M. Girard, and it

seems the most rational; however, he admits, with Dolbeau, the exfoliation of the mucous membrane by fragments; but as a very rare phenomenon. The treatment consists specially in repeated washings out of the bladder, fol lowed by slight cauterization with a weak solution of nitrate of silver, which is left in the bladder during one or two minutes. M. Guyot obtains neutralization with water in which salt has been dissolved. M. Guyot also seems to have successfully employed a solution of borax, of the strength of one part to the hundred, in place of the nitrate of silver.

The Management of Ranula.

Dr. Müller, of Moscow, in an article quoted by the London *Medical Record*, gives four cases of ranula observed in new-born infants. In the first case, tincture of iodine was injected; this produced suppuration, followed by cure of the ranula in three weeks. In the third case, the sac of the tumor, after having refilled, was cut away with scissors, with a successful result. In the second case incision was avoided, on account of the vascularity of the swelling, but a ligature was applied over it. The swelling did not disappear, but only became smaller. At the end of a fortnight, no change having taken place in the size of the swelling, and there being scarcely any discharge from the punctured joints, the ligature was removed. The ranula was still as large as a pigeon's egg, hard, and without fluctuation. An attempt to remove the contents by means of Pravaz' syringe was unsuccessful, as was also painting with tincture of iodine. Toward the end of the fourth month the child died of chronic enteritis. At the post-mortem examination there was found a cavernous cystic tumor, as large as a pigeon's egg, the cavities of which were filled with a clear, transparent fluid. The sublingual salivary glands were normal.

Galvanization of the Head for Insomnia.

This plan has lately been urged by a French writer, Dr. Vigouroux. The process consists simply in passing the current from 3 to 5 Trouvé cells through flat electrodes placed on the temples for thirty seconds to one minute. The electrodes may be applied to other points of the cranium, but the bi-temporal position appears to be the most efficacious. If the application be made in the morning, the patient experiences for the rest of the day a more or less pronounced tendency to sleep. The author has verified this action of the galvanic current more than fifty times, mostly on patients under the care of Professor Charcot, and urges in its favor its almost constant success in the diverse forms of insomnia, its almost perfect harmlessness, and the avoidance of any digestive disturbance such as is liable to follow the use of hypnotic drugs. Dr. Vigouroux has also met with success in the treatment of nervous buzzings in the ear and auditory vertigo by means of a constant current.

Medical Gynecology.

This is the title of the address which Dr. Fordyce Barker read before the Gynecological Society, and which has since been reprinted. He makes some most excellent suggestions, that special apparatus and operations be not relied upon to the exclusion of general medical treatment. A curious and rather well-known case, of a lady who had "suffered much from many physicians," and was finally cured "by the power of prayer," at a Moody and Sankey meeting, is told, both as an illustration of his general thesis, and of the power of psychical remedies—a view of the event which will not be pleasing to ardent revivalists.

Correspondence.

Consciousness Under Anæsthetics.

Ed. Med. and Surg. Reporter:—

Touching the question raised by that married woman in England, recently, having a medical man arrested for liberties he took with her after putting her under the influence of chloroform, I have to depose that, about a quarter of a century ago, while attending medical lectures in Philadelphia, I had Dr. White, on Arch street, to administer an anæsthetic before extracting some teeth for me. A student friend, David Selwan, accompanied me, and as Professor Meigs, in his annual lecture against anæsthesia, insisted that it did not obviate pain, but only caused oblivion, I was determined to watch every sensation, and ascertain for myself what effects the anæsthesia produced. The first decided impression was that of excessive fullness of the head; then a roaring in the ears, like bellows, with the clattering of the valves; then an aura, starting from the feet, and passing on up the legs and body, and when it neared the head it seemed that the blood suddenly rushed up into the brain, like fluid rushing in to fill a partial vacuum; and then immediately I distinctly *heard* myself breathing stertorously; and then I *felt sensibly* when the

doctor took the napkin from my face; and I recollect clearly the *dread I felt* when I heard him take the forceps from the table, and *thought* now the pain will be inflicted and I can't help myself. He grasped one stump, and the forceps slipped a time or two, and as soon as he had taken out the second one I recovered enough to speak, and told him to hold on, that he was hurting me. He was surprised, and thought I must be mistaken. But I told him which one he took out first, and about the forceps slipping, etc. He replied that was all correct; but that I didn't move a muscle of my face, to indicate pain. I told him no; that I could not move a muscle of my body anywhere. Having another tooth to be extracted I requested him to anæsthetize me more deeply. He began; and after administering it for awhile he asked me if I had enough? I told him no. Enough? No; Enough? No; then I ceased to reply, but would shake my head, until I had lost all consciousness. When he removed the last tooth I knew nothing whatever about it. I slept for some moments afterward, and when I awoke the doctor and my friend were standing looking at me. I was mortified, on recovering my consciousness, with the impression that I had impolitely fallen asleep in company, having then no idea whatever that I had *really* been having my teeth extracted; but thought that I had dreamed it while asleep there in the chair, and rubbing my eyes I began apologizing, saying that I had been asleep and dreamed that I had gone with my friend to him (Dr. White) to have some teeth pulled out, etc.; and went on to tell the whole procedure up to the second anæsthetization, when the dream seemed to me to have terminated abruptly. But on spitting I noticed the blood, to *my surprise*, and turning to the doctor, remarked, that I believed he had been pulling my teeth; he and my friend, who had both been listening attentively—and in assumed ignorance of its fallacy—to my dream, broke out in a laugh.

Whether I could have seen or not I am unable to testify from my personal experience (from which I am drawing these remarks), as my eyes were closed, and I could not have opened them. But that I *did hear distinctly* and *feel acutely* on that occasion, I am prepared to testify positively, as the recollections of those facts have often been called up, and are yet clear in my memory.

But, on the other hand, there is testimony enough to establish beyond doubt the fact that anæsthetics do at times cause hallucinations as *unreal* as any dream can be. And as ordinary dreams at times excite organic action and promote secretions, so may these anæsthetic hallucinations also; and right here might arise a doubt which no human testimony could possibly solve. Who could say whether these secretions were caused by the hallucination or the natural process? I am certain that, had I been a woman, Dr. White could have treated me as he pleased, in spite of myself, and yet I would have been sensible of every act, just as I was in the extraction of my teeth; and while I have as high an opinion of educated professional gentlemen as anybody, and would be reluctant to believe that any one would be guilty of so diabolical an act as taking advantage of a lady who had intrusted herself to his honor and skill, yet I do think that prudence dictates that no gentleman ought ever to administer an anæsthetic to a lady without having present a reliable witness to protect his own, as well as her character. How crushing a suspicion might rest upon the mind of some noble lady, even though she never breathed it! And how easy, on the other hand, could some vile woman blackmail a professional gentleman with a soul as unsullied as an angel!

Recollecting Professor Meigs' admonitions, I have made it a rule to have a witness present; have sent off some distance for one, and awaited her arrival, although impatient at the loss of time.

D. W. Foster, M.D.

Near Ville Platte, La., January 14th, 1878.

Hebraic Onanism.

Ed. Med. and Surg. Reporter:—

In your January 19th number of the Reporter, is an article upon "Onanism," by Dr. Forwood. In this article the doctor asks for a little enlightenment upon the Hebrew use of the word. Although Prof. Gross is the one from whom he especially asks for a reply, yet from the fact that I have devoted some little attention to the word in its original tongue, I have taken the liberty of sending you my version of the matter, intending in nowise, however, to forestall a reply from Prof. Gross.

The middle portion of the 9th verse of the 38th chapter of Genesis should, if correctly translated, read as follows: "And it so happened (or, came to pass) when (this is probably as good a rendering as can be given to the conditional Hebrew particle *im*, though it implies more properly the sense of surely, or truly) he had connection with (the *pi el* form of the verb *bô beth, vav, aleph*, in conjunction with the particle *el* joined to its object, as it here occurs, would be better rendered "had connection with," than "went in unto;" the phrase I have used is given in the lexicon as the meaning when thus used) the woman (the Hebrew has no word for wife) of his brother, he destroyed ("the seed" is understood from the preceding clause, but is not expressed; this is why, in the King James' version, *it* is printed in italics) on the ground, so that he might not give seed unto his brother."

The *pi el* form of the verb *shahath*, which is translated "spilt" in King James' version, means nothing of the kind, only as we associate the idea of spilling or dropping with it, before it would reach the ground. The meaning of the verb is, *first* (when in the *pi el* form) acted corruptly; *second*, destroyed; *third*, broke a covenant; *fourth*, laid aside (as of pity).

The verb *bô* (*beth, vav, aleph*), "to have connection with," is the same one that is used in Genesis xvi, 2, 4, 5, where the phrase "went in unto" occurs; the same also as used in xix, 34; also in xxx, 3; also in Deut. xxi, 13, and xxii, 13; also in Ezekiel xxiii, 44. In fact, it is *the* word, when the particle *el* is with it, used in Hebrew to express sexual congress. The examples I have given cover nearly all the various phases of its use, as regards connection with wife, concubine, or harlot, and they all have one and the same meaning, of a completion of the sexual act; else how could Hagar have conceived? (Genesis xvi, 2, 4. 15). The withdrawal before ejaculation, thus allowing the destruction of the seed upon the ground, is properly onanism; possible only on an incomplete sexual union. Masturbation is akin to it, only that the seed is *destroyed on the ground.* It takes two individuals for onanism; one only for masturbation.

The examples given of the use of the verb *bô* (*beth, vav, aleph*) cover, archæologically, many years of the history of the Hebrew nation, and yet there has been no change in its meaning, from the time of Adam down. It always means, when used with the particle *el*, "to have connection with." The primary meaning of the verb, standing alone, is "to go in," "to enter," and may be used concerning a house; the particle *el*, however, changes this meaning *entirely*, so far as the morality of the act is concerned, and gives the meaning of "sexual congress," and this *always*, when so used. In Hebrew there is no word with which I am acquainted that gives any idea, however remote, of the act we term "masturbation." Hence, as Dr. Forwood suggests, the word onanism should not be used synonomously with masturbation, for it means nothing of the kind.

The writer the doctor quotes from the *North American Medico-Chirurgical Review* is somewhat out of the way in his reason for the Hebrew brother taking his brother's widow to wife, Deut. xxv, 5 to 11, explaining this completely. From this chapter, you see, the brother was not *compelled*, as the writer in the *Review* would seem to say, to marry his brother's widow (the word in this chapter translated "to go into" is the same as in the verse speaking of Onan's sin). If he did not like her, or for prudential reasons, he could assert his determination, before the elders of the people, not to take her to wife; she (the brother's widow) could then spit in his face, and unloose his shoe, and there the matter would be forever settled. C. Henri Leonard, M.D.

Detroit, Michigan.

Treatment of Quartan Fever.

Ed. Med. and Surg. Reporter:—

In reply to the query of Dr. C. M. M., of Ohio; Reporter, vol. xxxviii, No. iv, I will state, in this malarial climate the following prescription (varied according to circumstances) has seldom failed me in uncomplicated "quartan intermittents" of adults:—

℞.	Quiniæ sulphatis		
	Cinchonæ do	ää	ʒj
	Acidi arseniosi		gr. ij
	Ferri sulphatis exsiccati		ʒiss
	Pulveris rhei		
	do aloes	ää	gr. x
	do capsici		ʒss
	Extracti belladonnæ		gr. vj
	do nucis vomicæ		gr. x M.

Fiant pilulæ. cxx.

Sig.—Two pills three times daily for seven days, then two night and morning.

In most such cases there is hepatic or splenic derangement, or both, which should be well looked after, and probably otherwise treated. The anæmia frequently attending the above trouble, if of long standing, will be counteracted by the stimulant and tonic properties of said pills. The rhubarb, aloes, and belladonna may be thought by some to be out of place in an antiperiodic preparation, but I have generally found small doses of the same or similar ingredients, combined as above, of use in the attendant deranged secretions of the system, and especially so in counteracting the almost constant tendency to constipation, with more or less abdominal pain, when accompanying the trouble in question. John S. Aydelott, M.D.

Snow Hill, Md., January 31st, 1878.

[Another reply to the same inquiry is the following]:—

Dr. C. M. M., of Ohio, will find the following prescription admirably adapted to his case of quartan intermittent:—

℞.	Fluid ext. gelseminum (Tilden's),		
	Fowler's solution,	ää	ʒss. M.

Sig.—Fifteen drops in a little water, after each meal, increasing or decreasing the dose according to the effect upon the eyes. J. S. H.

Sumter, S. C.

Salicin in Rheumatism.

Ed. Med. and Surg. Reporter:—

Dr. Scherer's case, February number, reminds me of my own experience. From the age of twenty-one to forty I was subject to very severe and protracted attacks of inflammatory rheumatism, which would leave me in a very debilitated condition. I was advised to take quinine, but it invariably produced a relapse. I tried it a number of times (some five or six) before I could really believe it was the quinine. I have not had an attack of rheumatism for twenty years; within the last four or five years have taken five and ten grain doses of quinine without any bad effects. W. Gardiner, M. D.

Philadelphia, Feb. 3d, 1878.

—One of our dailies says that midnight funerals have become a necessity in Huntingdon, Pa., owing to the prevalence of small-pox.

News and Miscellany.

Items.

—In the case of hernia described page 81, 2, *inguinal* should be substituted for *femoral*.

—At the Pennsylvania Eye and Ear Infirmary, in the seventeen months ending December 31st, 1877, there have been gratuitously treated 1541 patients, of which number 1083 were for eye diseases, and 458 for ear diseases, with 1721 cases of diseases. The number of important operations performed in the Institute were 94; of minor, 156. The Institute will hereafter be known as the German Eye and Ear Infirmary. The officers of the Infirmary are:—Ch. H. Meyer, L. Westergaard, Dr. Fac. Aitkin Meigs, Dr. F. Koerner, Dr. H. Tiedemann, Prof. F. M. Maish, John D. Lankenau; Surgeon in charge, M. Landesberg, M.D.

—The details of the French census of December 31, 1876, lately published, show that in all the departments in which there was an increase in population it was solely in the towns. In May, 1872, the population was 36,102,921, and last December it was 36,905,788, an increase of but 2.17 per cent., and this, too, with an emigration of at least 100,000 from Alsace and Loraine into France. The birth rate in France is believed to be lower than that in any other civilized country.

—One thing, says an exchange, which ought to make all poor people contented with their poverty is the fact that there is little or no insanity among the poor. The discovery is never made that a poor man who dies or gets married was hopelessly and notoriously crazed, while the number of rich men found to have been in that condition is simply appalling.

Personal.

—The House Committee on Military Affairs has recommended that the President shall review the proceedings of the court-martial by which Ex-Surgeon General Wm. A. Hammond was dismissed from the military service of the United States, and otherwise disabled in the eye of the law, and that in the event of the reversal of the finding Dr. Hammond may be restored to his former rank as Surgeon-General on the retired list, but without pay for the past, present or future. His offence was, in one sense, simply technical, and the penalty was only justified by the sternness of military necessity. It is no more than just that a man faithful in so many things should have the opportunity to show that his record was clear.

—Dr. L. L. Way, of Suffield, Conn., is reported fatally ill, of hydrophobia. He was bitten slightly, December 28th, and thought nothing of it until Sunday, January 21st, when the symptoms of the disease appeared.

—Dr. Theodore Schmauser, of Pittsburg, tried for committing an abortion, was convicted last week. A motion for a new trial was entered,

Queries and Replies.

Salicylic Acid.

A correspondent, in reply to J. P. T., p. 100, sends the following:—

R.	Acidi salicylici,	iv drachms
	Potassæ acetatis,	ij drachms
	Vini colchici,	j fl. drachm
	Syrupi limonis,	q. s. ad ij fl. ounces. M.

Sig.—Teaspoonful every two to four hours.

Treatment of Gout.

Dr. D. Mc B. asks us for the treatment which Dr. Reynolds refers to in his article quoted page 72. It is "by colchicum and saline aperients." He does not give more specific directions.

Well wisher questions the correctness of our criticism on p. 74. He says, "Is not *aquæ* in the genitive case governed by six ounces?" We would point out that the full sentence would read, *recipe aquam ad uncias sex*, which cannot possibly be construed if the genitive aquæ is used. The insertion of the *ad* makes the difference.

Subscriber.—"Do you consider hydrate of chloral an appropriate remedy in delirium tremens?"

Answer.—The following extract from Napheys' *Medical Therapeutics* (p. 576) answers the question: "It has been shown beyond reasonable doubt, by Dr. Madison Marsh, of Louisiana, and later by Dr. Earnest Magnan, of Paris, that drunkards do not bear chloral at all well. Its use by them, even in moderate doses, is liable to be followed by sudden death."

Dr. R. P. H., Pa.—Address the inventor, Cambridge, Mass.

Aqua.—So far as we know, no actual per centage of lithia salts has been determined in any American mineral springs. A "trace" is claimed in the analyses of several.

Matthias.—We are unable to speak positively of the stimulant effects of coca. The reports about it are extremely contradictory and vague.

Marriages.

Barnett—Foster.—On Thursday, January 24th, at the Church of Messiah, Brooklyn, by Rev. C. R. Baker, Dr. James P. Barnett and Helen A., daughter of Alonzo A. Foster, Esq., all of Brooklyn.

Cook—Perkins.—In Barre, Vt., January 10th, by Rev. L. Tenney, Charles Henry Cook, M.D., of Natick, Mass., and Rosella S. Perkins, of Barre.

Singer—Johnston.—At the residence of the late John R. Johnston, Esq., on December 20th, 1877, by Rev. John M. Barnett, James J. Singer, M.D., and Miss Jennie Johnston, both of Connellsville, Pa.

Birth.

Meyer.—On January 26th, John Da Costa, son to Dr. L. G. and Jennie M. Meyer, of Pardoe, Pa.

Deaths.

Andrews.—In New York city, on Saturday, Jan. 26th, 1878, Jarvis M. Andrews, M.D.

May.—On Friday, January 25th, in the 8th year of his age, of scarlet fever, Julian, son of Dr. J. Frederick and Sarah M. May.

Morgan.—In Clarksburg, W. Va., on November 1st, Tully S., son of Dr. D. P. and A. R. Morgan, aged 3 years and 8 months, of diphtheritic croup.